

**Managing HIV/AIDS in Small and Medium Enterprises (SMEs), with the focus
on South Africa: An experience by the International Finance Corporation (IFC),
the private sector division of the World Bank Group**

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Declaration

I, the undersigned hereby, declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part submitted it at any university for a degree.

Signature:

Date:

Abstract

The objectives of the research are to provide feedback from small- and medium enterprises, observations, gaps and to discuss the successes of the IFC Against AIDS HIV/AIDS pilot study and training programme.

The study tries to share the IFC Against AIDS program experience with the private- and public sectors, non-governmental organizations and business sectors should they be interested.

The problem statement can be defined as follows:

Small- and medium enterprises in South Africa do not have the capacity or the ability to effectively address HIV/AIDS in their respective workplaces.

Presently there are 152 small-and medium enterprises in four different countries in Sub-Saharan Africa, who are participating in the pilot study of which 27 are in South Africa.

In this study the restricted research that has previously been done in the sector, is being used and referred to.

The findings for the pilot study have provided invaluable information to the International Finance Corporation. The results are being used in the developing of a one year programme, which includes formal training and four monthly formal follow-up sessions in every cohort.

Opsomming

Die doelwitte van die navorsingstudie is om die terugvoering vanaf die klein- en medium sake ondernemings, waarnemings, gapings en suksesse van die “IFC Against AIDS” se MIV/VIGS te loots en opleidingsprogramme aan te spreek.

Die studie poog om die “IFC Against AIDS” program se ondervinding met die privaat- en publieke sektor, en nie-regerings- en besigheids organisasies (wat belangstel) te deel. Die doel is om die program benaderings in die voorkoming van MIV/VIGS, te repliseer. Dit sluit ook die gebruik van die metodologie en materiaal in.

Die probleem stelling kan as volg gedefinieer word:

Klein- en medium sake ondernemings in Suid-Afrika het nie die vermoë of die kapasiteit om MIV/VIGS effektief in hul onderskeie werkplekke aan te spreek nie.

Daar is tans 152 klein-en medium sake ondernemings, in vier verskillende lande in Sub-Sahara Afrika, wat aan die loots opleidingsprogram deelneem, 27 van hierdie ondernemings is in Suid-Afrika.

Bepaalde navorsing wat voorheen in die sektor gedoen is, word in die studie bespreek en gebruik as verwysing.

Die aanbevelings van die lootsprojek het aan die “International Finance Corporation” waardevolle inligting verskaf. Die resultate is gebruik in die ontwikkeling van ‘n een-jaar program wat ‘n formele opleidingssessie en vier maandelikse formele opvolgessies met elke kohort, insluit.

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1. INTRODUCTION

The International Finance Corporation's (IFC) mission is to promote sustainable private sector investment in developing countries, helping to reduce poverty and improve people's lives. To accomplish this goal means reaching people, regions and sectors that has not yet shared in the overall growth of emerging markets. It means innovation, building on significant strengths in many countries and industries, bringing to developing countries proven products and techniques and above all it means tailoring global expertise to local needs.

In many developing countries, small and medium enterprises (SMEs) are a key source of employment and critical to economic growth and poverty reduction. Strengthening these firms as well as micro enterprises is a priority for IFC. (Annual report, 2006, p.21)

In 2000 as part of the value added and technical assistance program, the IFC Against AIDS program was founded. The mission of the IFC Against AIDS is to protect people and profitability by being a risk management partner, HIV/AIDS expert, and catalyst for action wherever HIV/AIDS threatens sustainable development. IFC Against AIDS places a priority on providing direct guidance to clients in the Africa Region. The need to mobilize SMEs to address HIV/AIDS in their respective workplaces, in this region, is a priority for the program.

The SME HIV/AIDS Training Program is currently an integral part of the technical assistance (TA) programs of the Private Enterprise Partnership for Africa (PEP Africa).

The Private Enterprise Partnership for Africa was established in 2005 by the International Finance Corporation (IFC) to deliver technical assistance programs that will foster private sector development (PSD) in Africa. In partnership with the private sector, governments, and donors, PEP Africa designs, manages, and implements TA programs, etc. By working in partnership, PEP Africa complements its development partners' private sector development initiatives while leveraging IFC's practical experience in the private sector. As part of IFC and the broader World Bank Group, PEP Africa has unique program design and implementation advantages:

- *Global investment experience.* PEP Africa adds value by capitalizing on IFC's global industry knowledge and experience and by bringing an investor's perspective to align PSD TA programs with sector growth and investment strategies.

- *Global TA experience.* IFC's knowledge and experience in managing donor-funded TA facilities throughout the developing world provides a unique platform for PEP Africa to share best practices and to adapt other IFC TA facilities' successful TA programs.
- *Local presence.* As a design and implementation partner for TA programs, PEP Africa can capitalize on IFC's presence on the ground, its extensive local stakeholder networks, its knowledge of investing in Africa's private sector, and its experience in providing TA to SMEs through the Africa Project Development Facility (APDF).
- *Honest broker.* As part of the World Bank Group, PEP Africa plays an "honest broker" role between private and public sector stakeholders in the design and implementation of Private Sector Development programs.
- *Established core team and infrastructure.* PEP Africa has a core team of experts and a full back-office operation in place that enables it to move quickly to set up operations and manage program implementation once a program is funded.

2. RESEARCH OBJECTIVE

The objectives of this research study are to address the responses of the SME companies, observations, gaps and successes of the pilot training program. As a result of the pilot program outcomes, the research study will address the successes, challenges and shortcomings of the SME Training Program. In addition, the study addresses the changes and recommendations made to the current SME Training Program.

The study attempts to share the IFC Against AIDS program experiences with the private and public sector, non-governmental organizations and interest business organizations to replicate this particular approach to HIV/AIDS prevention and mitigation for SMEs.

A last objective is to develop both tools and methodologies for a sector that has been underserved, but represents a significant population in developing countries.

The research question is phrased as follows:

Within the South African SME environment, what are the key factors to ensure the successful management of HIV/AIDS?

3. RESEARCH PROBLEM

The research problem is defined as follows:

SMEs in South Africa do not have the ability and capacity to effectively address HIV/AIDS in their respective workplaces.

4. LITERATURE STUDY

The literature study is set out as follows:

4.1 Definitions of SMEs

The National Small Business Act of 1996, in South Africa, defines small companies as a business with 20-49 employees and a medium size company as a business with 50-200 employees.

Small companies according to NTSIKA (2002) are defined as “having 20-49 employees and medium sized companies between 50-200 employees”.

The IFC (Annual report, 2005, p. 19-25) defines small and medium enterprises in general, as “companies with 10-300 employees, depending on the company’s annual turnover”.

In a survey conducted by the Bureau for Economic Research (2004, p.14) companies with less than 100 employees are defined as small, and companies between 100-500 employees as medium companies.

In some African countries like Kenya and Tanzania a company with 300-800 employees is defined as a medium size company. This is particularly the case within the horticultural industry.

4.2 The role of SMEs in the developing world

Sub-Saharan Africa remains the most highly HIV/AIDS-affected region in the world. An estimated 23.8 million – 28.9 million Africans are infected. Prevalence rates among adults range from below 1 percent (Senegal) to over 38 percent (Swaziland). Southern Africa is the most affected region. National estimated prevalence rates often hide significant variations across regions in a same country, and across age groups overall. As increasing numbers of HIV+ individuals develop

full-blown AIDS, the problem becomes more obvious. (UNAIDS/WHO, 2005, p.17).

Studies show that in low-income countries SMEs contribute up to 60% of the Gross Domestic Product (GDP) and 70% of the total employment. In transitional and developing countries, SMEs account for 90% of all firms within the agricultural sector. In Japan and USA, SMEs account for 60% and 40% respectively of all companies.

The question can thus be asked about the possible reasons for the importance of SMEs in development. According to the Nigeria Business Information, SMEs contribute the following:

- Facilitate output of goods and services
- Create jobs at low capital costs
- Develop a pool of skilled and semi-skilled workers
- Reduce income disparities
- Improve linkages across diverse sectors.

According to the United Nations Economic Commission (1997), SMEs are important in development as their involvement could

- lead to technological innovations;
- stimulate private ownership;
- stimulate entrepreneurial skills; and
- increase competitiveness of the market place.

According to NTSIKA (2002), SMEs in SA contributed “an estimated 27% of employment and 30% of the GDP to the economy”. The National Treasury report described the contribution to GDP to be *as high as that of large enterprises and noted that SMEs are particularly important in combating the negative growth in job creation which large enterprises and the public sector bring about.*

It is clear that SMEs play a significant role in the economy of developing countries. However, another important question remains:

Why is it important for SMEs to address HIV/AIDS in their respective workplaces?

Previous studies in South Africa and Kenya indicate that HIV/AIDS impacts on a range of costs on larger companies that SMEs might also incur. (Rosen et al. 2004, p.618).

Table 1: Costs of HIV/AIDS to Businesses

Source of costs	Increased expenses (Direct costs)	Lost in productivity (Indirect costs)
One employee with HIV/AIDS	<ul style="list-style-type: none"> • Benefits payments • Medical care • Recruitment of replacement worker • Training of replacement worker 	<ul style="list-style-type: none"> • Increased leave and absenteeism • Reduced on-the-job productivity • Supervisor's time • Vacancy until replacement is hired • Poorer performance due to replacement's inexperience
Many employees with HIV/AIDS	<ul style="list-style-type: none"> • Benefits premiums • Accidents due to sick or inexperienced employees • Litigation over benefits, dismissals, etc. 	<ul style="list-style-type: none"> • Production disruptions or service failures due to missing skills, accidents, vacant positions, etc. • Loss of institutional memory and experience • Breakdown of workforce morale

(Sunter and Whiteside, 1999)

4.3 Studies/surveys on HIV/AIDS workplace programs in the SME environment

To date, very few surveys and studies on HIV/AIDS workplace programs within the SME environment have been conducted.

A more recent survey, done by Connely and Rosen (2004, p.616), of 80 SMEs in South Africa found that 42% did not expect HIV/AIDS to impact negatively on their operations. The report indicates that the demand for HIV/AIDS services in SA is minimal. However, they reported clear and consistent reasons for the lack of action by SMEs. *These constraints limit the extent to which SMEs can be expected to implement HIV/AIDS programs effectively.*

According to the study, the constraints SMEs are facing could be summarized as follows:

- Lack of information and access to services. SME managers lack knowledge and information on HIV/AIDS, related issues and services that can be purchased from

outside providers. Without such information managers cannot make informed decisions. *At the same time, managers who are interested in taking action reported that they lack the time to find, consider, negotiate and implement programs.*

- Low willingness to pay. *While absenteeism seems to be rising, SME managers are not convinced that HIV/AIDS is a reason.* The study also shows that very few SME managers understand the benefits of prevention programs, treatment and care. They lack an understanding of both potential benefits of taking action and the costs of not acting. These factors result in an overall low willingness-to-pay for any services.
- Stigma. *Some of the companies surveyed during this study reported that they had considered implementing services, but had not done so because of stigma among employees.* Stigma also dampens the demand for HIV/AIDS services and the utilization of employee benefits.
- Lack of pressure to act. In the case of large companies one can argue that they do address HIV/AIDS in their respective workplaces because of the reputation risk. Unfortunately, this does not apply in the SME environment. Little or no internal and external pressure from labor, activists or shareholders exists. (Connely and Rosen, 2004, p.623).

A few recommendations to assist SMEs are mentioned in a study conducted by the University of Boston. Examples are information on available resources should be made available locally for purchasing; Business Member Organizations could be more involved to assist SMEs through existing networks; services and mass purchasing power and large companies making use of the supply chain network could assist the SMEs to subsidize the cost of HIV/AIDS services.

A study that was done among SMEs in SA, by Ebony Consulting International (2002, p. 42) concluded, "...Many firms are responding or trying to respond, but it is difficult for a small business to develop and implement an effective program."

According to a 2001 study by the University of Port Elizabeth of 209 small businesses in South Africa, HIV/AIDS has been identified as 1 of the 3 factors that cause the failure of nearly 80 percent of South African start-up SMEs every year. The study showed that SMEs have limited financial, clinical, and human resource capacities to handle HIV/AIDS programs. Furthermore, because of their low operational margins, SMEs also experience increased financial risks and pressures.

“The smaller the company, the less likely it is to report on any HIV/AIDS program for its workforce. Smaller employers require external support to ensure that effective strategies are put in place in a sustainable manner.” This was the finding of Deloitte & Touché Human Capital Corporation study of 110 companies in South Africa. In this study, only 6.5 percent of small enterprises (with fewer than 100 employees) had communicated on HIV/AIDS to their workers. In contrast, the respective percentage for SMEs (100–500 employees) was 34.5 percent. (2002, p. 27-29).

“Lack of capacity to address HIV/AIDS is another critical problem for SMEs”. In a survey (Thornton, 2005) of 300 South African businesses employing 50–250 people, many owners said that they had already felt the impact of HIV/AIDS through staff dying or taking increased sick leave. However, most owners said they lacked the time, money, and know-how to implement a strategy.

According to Connelly and Rosen (2004, p. 617), SMEs pay much more for HIV/AIDS services per employee than large businesses do. The primary reasons are fixed costs incurred by service providers and the additional costs of marketing and delivering services to SMEs. The absence of economies of scale in delivering services to SMEs can result in service providers charging an SME client up to four times more than a large client per covered employee for the same services.

The study done by BER, on behalf of the South African Business Coalition on HIV/AIDS (SABCOHA), in 2004, states *that despite documented effects of HIV/AIDS on small and medium size enterprises, SMEs have made little progress towards developing comprehensive strategies to combat the epidemic. Underlying this fact is that most SMEs are poorly capacitated to deal with the problem and lack sufficient financial recourses.* According to this study SMEs feel overwhelmed by HIV/AIDS and are unsure of where to start with programs.

4.4 Needs analysis: SMEs’ responses to HIV/AIDS

An assessment was made in 2005 of 11 SME HIV/AIDS initiatives in Africa. Although by no means exhaustive, this research is evident of the fact that the IFC Against AIDS SME Training Program undoubtedly adds value to SMEs trying to address HIV/AIDS.

These initiatives include the following:

Abt Associates. Abt Associates is a private consultancy group focused on development. The consultancy includes SMEs in all of its activities. However, its current engagement on HIV/AIDS is only at the assessment level and is only active in West Africa and Ethiopia.

Family Health International (FHI). FHI is a large US-based NGO well regarded for its work on HIV/AIDS in Africa as well as other countries. FHI has produced a series of valuable tools (manuals, analyses of interventions) for roll-out in private sector settings. In the area of program implementation, most of FHI's funding comes from the US Agency for International Development (USAID) and is dependent on the agency's priorities at country level. Therefore, depending on the local programmatic priorities of USAID, FHI will include the private sector as an implementation constituency (as in Indonesia), or alternatively will only reach selected target groups (such as fishermen in Senegal). However, for most of its projects, FHI contracts local NGOs and does not directly implement programs.

In Kenya, a country of particular engagement for FHI, SMEs are a focus. FHI is targeting companies for individual work within a particular industry. For example, FHI established an office in 2004 in the Naivasha region to better reach the agricultural sector concentrated there. FHI is the project manager and manages a network of local partners that deliver the actual service.

Academy for Educational Development (AED). AED works with the private sector on HIV/AIDS under the auspices of its project, SMARTWORK. The US Department of Labor (DOL) funds the project, and funding is due to end in 2005. In Africa, SMARTWORK has been deployed only in Nigeria and Zimbabwe. (AED's non-Africa clients include Haiti, Dominican Republic, Ukraine, and Vietnam.)

SMARTWORK does not focus on SMEs; it works mainly with larger enterprises. The SMARTWORK project has developed an HIV/AIDS toolkit ("SMARTWORK Workplace Guide for Managers and Labor Leaders"). Using this toolkit, SMARTWORK offers businesses, labor groups, NGOs, and governments' assistants in designing HIV/AIDS workplace programs.

AED also provides HIV/AIDS services to its local constituencies: organizational assessments, workshops on how to implement a workplace program, and training for local experts to provide technical assistance to the private sector.

International Executive Service Corps (IESC). IESC's intervention program in Zambia, BizAIDS, is designed to create lasting impact on micro- and small enterprises on two fronts, namely their ability to (1) manage crises caused by HIV/AIDS, malaria, and other high-impact illnesses, and (2) understand their legal rights, assess opportunities, and access health-related resources for employers, employees, and their families. According to IFC's research, the program appears to have only been deployed in Zambia.

African Medical Research Foundation (AMREF). AMREF is quite active in Eastern Africa. The organization engages on HIV/AIDS with the private sector and often works with companies of between 500–1500 employees. However, this engagement takes place with one company at a time. SMEs per se are not targeted. Various groups fund AMREF.

South African Business Coalition on HIV/AIDS (SABCOHA). In South Africa, SABCOHA has developed an HIV/AIDS toolkit aimed at SMEs. The main objectives of the toolkit are to assist business owners with HIV/AIDS policy development, roll-out and implementation of workplace programs. The toolkit is sold to interested SMEs for R1 200 (approximately US\$185). The toolkit details the elements that should be in place for the implementation of HIV/AIDS workplace programs. SABCOHA does not facilitate implementation or provide follow-up visits to the companies that purchase toolkits, since it does not have the capacity to do so.

Ebony Consulting International-Africa (ECI-Africa). As the sister company of Development Alternatives Inc. (DAI), ECI-Africa is a not-for-profit organization. One of its arms in South Africa specializes in HIV/AIDS training in the tourism sector. This program is funded by USAID, with specific focus on micro enterprises, including guest house, restaurant, and gift shop owners. ECI-Africa provides a 4-hour training program to business owners on policy development and the importance of knowing one's HIV status. It primarily targets participants *as individuals* rather than approaching the issue as business risk mitigation and personnel management.

University of Manitoba/Nairobi–STD/HIV Control Project. With its program launched in mid-2004, the STD/HIV Control Project has a very similar model and approach to the IFC Against AIDS approach. However, under its funding mandate, the project targets vulnerable populations and is working with industries that employ high numbers of women, such as the garment industry. The project provides training every two months over an 8-month course. The project does not provide any follow-up or contact between the trainings, relying on the umbrella organizations to work with the individual companies. One of these umbrella organizations requires all of its suppliers to have an HIV/AIDS workplace program in order to become a vendor. In another case, work is done through the management intermediary of an export-trading zone; follow-up by the latter is not happening.

Federation of Kenyan Employers (FKE). The Federation is providing extensive training to the senior managers within its 2000+ membership. FKE is recognized as a reputable leader on the issue of HIV/AIDS and has a program of merit. However, its program does not include much follow-up with the training participants to ensure that action is actually taken within the companies over a sustained period.

East Africa Business Councils on HIV/AIDS. The **Kenya HIV/AIDS Business Council** is one of the region's most established business coalitions. It has expressed an interest in working with SMEs but, to date, has not engaged with this sector. The **Tanzanian Council** is recent and has started to develop its charter and services to members. The **Ugandan Council** has developed a very good approach to the micro/informal sector and small enterprises on HIV/AIDS, working, for example, through marketplace administrations. However, its approach is addressed to these micro and SMEs (MSMEs) primarily as individuals; and focuses on awareness, prevention, and promotion of VCT, nutritional advice, and wellness issues.

Confédération Nationale du Patronat (CNP), Senegal. The largest Senegalese employers' federation (CNP) has developed a Charter on HIV/AIDS and seeks to engage Senegalese companies to commit to the principles of the charter. CNP partners with **SIDA SERVICE**, an NGO active in schools as well as in workplace settings, for awareness and education efforts. It offers technical training to the companies' medical doctors and AIDS champions (usually HR personnel). SIDA Service also manages 6 voluntary counseling and testing (VCT) centers in Senegal.

Other players are also engaging the private sector. However, in the opinion of Dr. Aïssatou Conté, coordinator of the program at CNP, the gap remains on two fronts: (1) recognizing the business case: Why should the company care?, and (2) formulating an action plan: What should the company do? What is the process to follow? With who's help?

4.5 Need for a SME-Centered HIV/AIDS Workplace Program

Many donors, implementing agencies, and NGOs are concerned about engaging the SME sector in the response to HIV/AIDS. Nevertheless, this concern has not resulted in large-scale, in-depth engagement with the sector. Generally, the response has been fragmented.

- No program reaching the private sector, let alone SMEs, by NGOs, consultancies, or donors, is pan-African or even regional. Most programs are delivered through local intermediaries (sometimes multiple). This approach has the advantage of bringing local content into initiatives. However, this approach does not contribute to economies of scale, or to the creation of networks across which common monitoring and evaluation (M&E) indicators can be compared.

Some organizations (NGOs, professional associations) are providing some level of HIV/AIDS services to private companies or members. Most programs have an employee rather than a business focus and address the enterprises' vulnerable employees, including women and migrant workers. However, to date, there has been no effort to provide business risk mitigation services to SMEs per se.

4.6 Concluding remarks

There is a need for a pan-African program tailored to small and medium enterprises (SMEs) and anchored in the business rationales for action (the "business case"). Indeed, most of the services that exist are directly related to HIV/AIDS interventions (peer education, awareness). As larger companies have done, SMEs have expressed the need for a third party or an objective advisor to assist with the "how to", which HIV/AIDS interventions to implement in their workplaces and with whom to partner. Also needed is an advisor's high-quality, in-depth, and ongoing relationship with an SME to enable it to counteract HIV/AIDS as a business issue.

The proposed PEP Africa–IFC Against AIDS Program "Managing HIV/AIDS in Your Workplace" responds to this need. The program aims to raise awareness of the operational risks that HIV/AIDS holds for SMEs and address their HIV/AIDS risk management needs. The program's approach is that of risk management. It aims to systematically build capacity within the participating SMEs and within the NGOs, business associations, or chambers of commerce with whom the program will partner throughout the life of the program.

The significance of engaging private entrepreneurs to address HIV/AIDS should not be underestimated. The fact that employers have access to employees, that is, an adult population, every day is their strongest comparative advantage in the fight against HIV/AIDS. This program proposes to leverage the untapped leadership and role of SMEs to increase the reach of HIV/AIDS prevention messages and care referrals. By doing so, the program plans to create an additional channel for key interventions in the area of HIV/AIDS education, prevention, and treatment among adults by helping SMEs to mitigate the operational risks that they face through AIDS.

5. RESEARCH METHODOLOGY

The research methodology is set out at follows:

5.1 Research design

In order to determine the key factors needed to ensure the successful management of HIV/AIDS in SME companies, an empirical study method was used, which included the use of semi-structured interviews, focus groups, questionnaires and observations by facilitators.

See Appendix 1: *Pre-evaluation questionnaire on HIV/AIDS*

See Appendix 2: *Post- evaluation questionnaire on HIV/AIDS*

5.2 Sampling

During 2004/5 pilot training programs for SME companies were implemented by the IFC Against AIDS program and funded by the Netherlands Trust Fund, in South Africa, Kenya, Tanzania and Mozambique. The main objective of the pilot training programs was to increase the capacity of SMEs to implement and sustain effective HIV/AIDS workplace programs.

Between February 2004 and June 2005, as part of the pilot training program, 20 training sessions were delivered to 152 participating companies. These training programs were held in Kenya, Mozambique, South Africa, and Tanzania.

SMEs were invited to participate in the training program through various Business Member Organizations, e.g. the Federation of Fresh Produce in Kenya and Tanzania and the Chambers of Commerce in other countries. In SA the focus was on geographical similitude for the companies, delivering training in Cape Town and Richards bay. In South Africa, 27 SMEs participated in the training program. In Kenya and Tanzania, focus was placed on the agricultural sector and was geographically cross-sectioned. In Mozambique, the focus was also geographical, with Maputo and Beira chosen as the preferred sites.

The companies, of the different countries, who attended the initial one-day training, as part of the pilot study, represented company size as follows:

Table 2: Number of SMEs as per number of employees whom participated in the initial one-day training pilot study

Country	City	-20 employees	-50 employees	50-100 employees	100-300 employees	300-500 employees	500-1000 employees
Kenya	Nairobi		8	16	15	23	6
Tanzania	Arusha			4	3	1	
South Africa	Cape Town						
	Richards bay	15	1	9	2		
Mozambique	Maputo	3	3	15	18	2	
	Beira		8				

No specific criteria were set in terms of company size, but companies were asked to send no more than two participants per company.

The one-day training program had two objectives:

1. To increase the capacity of SMEs to implement and sustain effective workplace programs

2. To develop a replicable approach to HIV/AIDS prevention and mitigation which other organizations could adopt.

(See Appendix 3: *Pilot study training program agenda*)

5.3 Data gathering

After a period of four months the participants attended a follow-up session. The facilitator decided to visit the companies in Richards bay on an individual basis. However, all other participants attended a formal follow-up session as per the participating cohort. The objective of the follow-up sessions was to establish the needs, the effectiveness of the training program, including gaps and challenges within the SME environment. This was done through interviews, including observations by the facilitator and by means of a follow-up checklist that participants had to complete.

(See Appendix 4: *Follow-up questionnaire for participants per company*)

6. RESULTS AND GAPS OF THE PILOT STUDY

Some of the expected results are similar to the study done by the University of Boston, e.g. the lack of resources to assist SMEs with specific HIV/AIDS interventions and the low willingness to pay for HIV/AIDS services.

The results of this pilot study have provided the IFC with valuable information in identifying gaps, challenges and successes within the SME environment.

The results of the pilot study are as follows:

- The realization that long-term sustainable action on the part of SMEs would require a more systematic and longer-term approach than a one-day training program, even if NGOs were promoting their services at the training program.
- Follow-up is essential for SMEs to realize progress on their HIV/AIDS programs. Without regular and continual support, companies of any size - but especially SMEs - will have difficulty in establishing foundations for a sustainable response to HIV/AIDS in the workplace.
- The materials and tools need to be as practical and user friendly as possible.
- The original curriculum outline and approach was not suited to companies of a very small size, e.g. less than 50 employees. These companies need a different approach.

- SMEs are not typically tied into HIV/AIDS business coalitions of a country and therefore do not have fora in which to find like-minded companies.
- Senior management buy-in and endorsement of activity is essential as some mid-level managers were trained. The finding was that these managers found it difficult to get traction within their companies as the senior decision maker(s) did not support the program.
- The programmatic activities of an HIV/AIDS program need to be more explicit and understandable in order for companies to develop a plan of action.
- SMEs have little knowledge of available service providers and some had problems to access these services even when known.
- Lack of funding is stated as an obstacle to action.
- Inclusion of a session/testimonial from a person living with HIV/AIDS (PLWHA) was evaluated as one of the best parts of the training and was critical in personalizing the illness for many participants. It is believed that this session assisted with the reduction of stigma within the workplace.
- Every year brings an increase in the number of women infected with HIV. In Africa, 60% of people aged 15-49 infected by HIV are women. Integrating the needs of women in workplace HIV/AIDS interventions is not only important for their effectiveness, but also a gauge of leadership.

7. CONCLUSION AND RECOMMENDATIONS

To address the challenges that SMEs face as identified during the pilot project, the IFC Against AIDS program pro-actively changed the one-day training program. These changes aim to assist SMEs to successfully implement and sustain their HIV/AIDS workplace programs, in future.

The changes and recommendations are as follows:

- The IFC Against AIDS program chose to develop a program for one year that would include formal training sessions that would interspersed with follow-ups by the facilitator via phone, e-mail and visits as warranted.

Follow-up sessions would take place every 4 months with the following four objectives:

1. Facilitator assesses the progress of submitted action plans;

2. Participants discuss the success and challenges of implementing their prior 4-month action plans;
 3. Facilitator gives feedback and guidance;
 4. Participants complete their following 4-month action plans.
- The original curriculum design used a number of conceptual case studies that were replaced with more relevant and practical examples and exercises that are deemed more appropriate and effective for the target audience.

(See Appendix: 5 “New” Training agenda after the pilot study)

- A definition of the size of company was needed, leading to targeting companies with staff components of 50-500. Once again, this was dependent on the country of work.
- IFC Against AIDS will be forming cohorts of 15-20 companies from similar business sectors and/or geographies in order for them to be supportive of one another. This networked approach will be emphasized throughout the program and follow-up sessions will be initiated to encourage companies to work together and create economies of scale where possible.
- Business owners and senior managers will be targeted during business case drives that will serve not only to recruit interested companies, but also to educate and inform owners/managers that their support for the HIV/AIDS programs is critical.
- The development of a training module that breaks down what programmatic interventions entail, including for example, topics of education and awareness sessions, and what to look for when procuring services from services providers.
- IFC Against AIDS will be formalizing partnership agreements with a select number of service providers to whom referrals can be made to SMEs participating in the training program. The program aims to develop and train the select service providers as regards the minimum standards of the IFC Against AIDS program. Addendum 5: Training program for service providers.
- Moving forward, IFC Against AIDS will ensure that small seed funding is available to each training cohort, which will be used to catalyze SMEs to make their own investments. Depending on the size of the company, the funding will be used to pay for a minimum of one peer educator, to be trained from each participating company. Peer education has been identified as a critical intervention to be undertaken by companies of this size.
- The program will systematically seek to develop gender-sensitive workplace programs among the participating SMEs. There are multiple ways that this can be

achieved, namely: provision of women-friendly services in the workplace where women can access information; treatment and care services or referrals; participation of women from the workforce or the community in the design of activities or services targeted at them; emphasis about women's particular needs and vulnerability to HIV/AIDS in awareness and training activities, as well as sensitization about their rights; positive communication about women and men's roles in addressing those vulnerabilities.

As IFC Against AIDS, it is anticipated that as a result of this one-year training program, that clients will:

- Achieve basic proficiency concerning HIV/AIDS.
- Develop a better understanding of the costs and benefits of creating an HIV/AIDS program.
- Assess vulnerability and risk factors and begin to build the case for action against HIV/AIDS for their companies
- Develop a better understanding of the process for creating a program.
- Begin to develop and implement the SME Roadmap for Action for their companies by designing their own company's action plan.
- Become familiar with NGOs and other possible service providers to assist. with the implementation of HIV/AIDS services.

(See Appendix 6: Flow chart of current SME Training Program after completion of pilot study)

(See Appendix 7: Newly developed Roadmap for SMEs)

Finally, Monitoring and Evaluation plays a significant part in any program. This is an integral part of the successes of the World Bank Group's activities. In line with this, IFC Against AIDS has developed a comprehensive monitoring and evaluation tool to measure specific training objectives, outcomes and outputs.

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Appendix 1: Example of the pre-evaluation questionnaire on HIV/AIDS

ANONYMOUS PRE-TRAINING HIV/AIDS QUESTIONNAIRE

This is an anonymous questionnaire with the purpose to establish your knowledge and perceptions about HIV/AIDS.

HIV is transmitted through which of the following bodily fluids?

Blood	Breast milk	Saliva	Vomit
Urine	Sweat	Semen	Tears
Vaginal fluids	Feces		

What is HIV?

What is AIDS?

Activity	YES	NO
Can you contract HIV from vaginal sex without using a condom?		
Does having dry sex with an HIV+ person increase your chances of contracting HIV?		
Can you get HIV from working next to an HIV+ co-worker?		
Does having sex with a virgin cure one of AIDS?		
Does blood mix when you have sex?		
Do you have an increased risk of getting HIV during sex, if you have a sexually transmitted infection (STI)?		
Can you contract HIV from touching a co-worker's blood in an accident?		
Can a traditional healer cure you of HIV infection?		
Is there a risk of contracting HIV if you engage in oral sex?		
Can a baby contract HIV through breastfeeding from a HIV+ woman?		
Can you contract HIV in the workplace by sharing eating utensils?		
Do you think HIV/AIDS will have a negative impact on your company's profit?		
Does anti-retroviral therapy (ARVs) cure HIV/AIDS?		
Is a person with HIV infection more susceptible to TB and other opportunistic infections?		

Appendix 2: Example of the post-evaluation questionnaire on HIV/AIDS

ANONYMOUS POST-TRAINING HIV/AIDS QUESTIONNAIRE

This is an anonymous questionnaire with the purpose to establish your knowledge and perceptions about HIV/AIDS.

HIV is transmitted through which of the following bodily fluids?

Blood	Breast milk	Saliva	Vomit
Urine	Sweat	Semen	Tears
Vaginal fluids	Feces		

What is HIV?

What is AIDS?

Activity	YES	NO
Can you contract HIV from vaginal sex without using a condom?		
Does having dry sex with an HIV+ person increase your chances of contracting HIV?		
Can you get HIV from working next to an HIV+ co-worker?		
Does having sex with a virgin cure one of AIDS?		
Does blood mix when you have sex?		
Do you have an increased risk of getting HIV during sex, if you have a sexually transmitted infection (STI)?		
Can you contract HIV from touching a co-worker's blood in an accident?		
Can a traditional healer cure you of HIV infection?		
Is there a risk of contracting HIV if you engage in oral sex?		
Can a baby contract HIV through breastfeeding from a HIV+ woman?		
Can you contract HIV in the workplace by sharing eating utensils?		
Do you think HIV/AIDS will have a negative impact on your company's profit?		
Does anti-retroviral therapy (ARVs) cure HIV/AIDS?		
Is a person with HIV infection more susceptible to TB and other opportunistic infections?		

Appendix 3: The pilot study program agenda

Agenda

Section	Key Activities
Registration and Opening	<ul style="list-style-type: none"> • Introductions and logistical overview
Module I: The Basic Facts and Myths about HIV/AIDS	<ul style="list-style-type: none"> • HIV and AIDS Facts - Presentation • PLWHA presentation
Break	
Module II: The Impact of HIV/AIDS on your business	<ul style="list-style-type: none"> • The impact of HIV/AIDS on business • Case Study: Lethossee Brands-Realization of the Problem • Summation of 3 risk categories
Lunch	
Module III: Workplace Programs-Getting Started and the Essential Elements	<ul style="list-style-type: none"> • Introduction to workplace activities <ul style="list-style-type: none"> ○ What a business can do ○ Odebrecht video and case study ○ IFC Roadmap for action • A workplace Program • 4 Spheres/Areas for Action Exercise
Break	
Module IV: Creating Your Program	<ul style="list-style-type: none"> • Resources and Support Tools <ul style="list-style-type: none"> ○ IFC's Role ○ Partnerships/NGO presentation(s)
Workshop Closing	<ul style="list-style-type: none"> • Wrap-up and evaluations

Appendix 4: The follow-up session questionnaire

CHECKLIST FOR FOLLOW UP VISIT

NAME OF COMPANY: _____ COUNTRY: _____

DATE OF SESSION: _____ FACILITATOR: _____

TEL. NUMBER: _____ E MAIL ADDRESS: _____

NAME OF PARTICIPANT: _____ NUMBER OF EMPLOYEES: _____

Description of action/activity	No action	Action in progress	Action completed
Foundations of the HIV/AIDS program: Senior management support Coordinator selected and appointed AIDS steering committee established HIV/AIDS policy statement drafted Policy adopted at the operational level Senior management endorsed the policy Policy circulated and promoted at all levels in the workplace			
Awareness and Prevention: Condoms are available and accessible to all employees Management sensitization session Small group information sessions are taking place with all employees			

Description of action/activity	No action	Action in progress	Action completed
<p>Promotional materials, e.g. posters and pamphlets are available</p> <p>Talks by PLWHA (people living with HIV/AIDS) are taking place</p> <p>Special event days planned:</p> <ul style="list-style-type: none"> - AIDS Day - Women's day - Condom promotion week, etc. <p>In kind and/or financial contribution</p> <p>Training:</p> <p>Selection of peer educators</p> <p>Peer educators trained</p> <p>Operational management trained</p> <p>HIV/AIDS training as part of new employees' orientation</p>			
<p>Treatment, Care and Support Voluntary Counseling and Testing (VCT):</p> <p>List of referrals is available on VCT services rendered by NGOs and/or public health services</p> <p>List of referrals is available on treatment services rendered by public health services</p> <p>Community relations and outreach:</p> <p>Company participates in community projects</p> <p>Company disseminates results</p> <p>Monitoring and evaluation:</p> <p>Monitoring and evaluation tools are in place, e.g.</p> <ul style="list-style-type: none"> - number of condoms distributed (monthly) - number of education sessions - number of employees formally trained 			

Description of action/activity	No action	Action in progress	Action completed
- KAPB (Knowledge, Attitude, Practices and Behavior Studies), etc.			
Objectives for next session:			

SIGNATURE OF PARTICIPANT

Appendix 5: New agenda for SME Training Program

Agenda

Section	Key Activities	Timing
Registration and Opening	<ul style="list-style-type: none"> • Introductions and logistical overview • Pre-course HIV/AIDS Questionnaire 	60 minutes
Module I: The Basic Facts and Myths about HIV/AIDS	<ul style="list-style-type: none"> • HIV and AIDS Facts <ul style="list-style-type: none"> ○ Small group questionnaire and discussion ○ Large group debrief • PLWHA presentation • Co-factors for HIV infection 	105 minutes
Break		15 minutes
Module II: The Impact of HIV/AIDS on your business	<ul style="list-style-type: none"> • The impact of HIV/AIDS on business • Case Study: Lethosee Brands-Realization of the Problem • Summation of 3 risk categories 	60 minutes
Lunch		60 minutes
Module III: Workplace Programs-Getting Started and the Essential Elements	<ul style="list-style-type: none"> • Introduction to workplace activities <ul style="list-style-type: none"> ○ What a business can do • A workplace Program <ul style="list-style-type: none"> ○ Getting Started and Organized ○ Most Essential Programmatic Elements 	75 minutes
Break		15 minutes
Module IV: Creating Your Program	<ul style="list-style-type: none"> • Resources and Support Tools <ul style="list-style-type: none"> ○ IFC's Role ○ Partnerships/NGO presentation(s) • Creating the Roadmap for Action 	55 minutes
Workshop Closing	<ul style="list-style-type: none"> • Follow-up process: Introduction • Wrap-up and evaluations 	30 minutes

Appendix 6: IFC Against Aids: Training Program

IFC Against Aids: Training Program

Pre-Engagement:

Identification of clients to be enrolled in the Training Program (companies with 50-500 employees) by sector and country/region

- PEP Africa constituencies
- MSI, SME Solutions Centers
- IFC portfolio clients
- SME clients and SMEs in the supply chain of larger clients or that are key constituencies of strategic clients

Business Case Drives

- Interactive presentations to SME business owners
- Enrollment of company representatives in the Program
- Involvement of partner organizations

Goal of the IFC Against AIDS Training Program:

To build the capacity of SME's and IFC portfolio clients on HIV/AIDS through a training program, to prevent and mitigate the impact of the disease on their businesses

SME Training Program: Initial Training

- One full day
- Maximum of 15-18 companies per cohort
- Maximum of 25 participants per cohort
- Modular, interactive, including case studies and PLWHA talk
- Participants develop their own company's HIV/AIDS action plan for the next four months

Follow-Up Process

- Formal: Cohorts meet with facilitator every four months
- Informal: Via telephone or e-mail
- Some face-to-face meetings also when feasible

12 month period

Cross-cutting themes in the Training Program and Initiatives of IFC Against AIDS:

- Monitoring and evaluation
 - Gender
- Stigma and discrimination

Appendix 7: SME Roadmap

A ROADMAP FOR SMES ON HIV/AIDS

FOUNDATIONS OF A PROGRAM

HIV/AIDS Program – Categories of Interventions	Description of Interventions That have Taken Place
Senior Management Support	Senior Management supports the program
HIV/AIDS Coordinator/Focal Point	Coordinator/Focal Point is selected and appointed
AIDS Steering Committee	AIDS Action Committee is established Committee represents the four areas/spheres for action HIV/AIDS budget is allocated NGO/Service Provider is appointed
HIV/AIDS Policy	Senior Management endorses the policy Policy is adopted at the operational level Policy is promoted at all levels in the workplace

EDUCATION AND PREVENTION

HIV/AIDS Program – Categories of Interventions	Description of Interventions That Have Taken Place
Education	Small group information sessions take place with all employees Tools for awareness, e.g., posters, written materials, talks by a PLWHA, videos, and drama performances are available or take place
Prevention	Condoms are available and accessible to all employees
Training	Peer educators are selected Peer educators are trained Senior Management is trained Operational Management is trained HIV/AIDS training is a part of new employees' orientation

WELLNESS, TREATMENT, AND CARE

HIV/AIDS Program – Categories of Interventions	Description of Interventions That Have Taken Place
Voluntary Counseling and Testing	Employees have access to VCT services in the workplace. Alternatively, a list of referrals is available on services rendered by NGOs or public health clinics
Treatment	Employees have access to treatment in the workplace; alternatively, a list of referrals is available on services rendered by NGOs or public health clinics
Care and Support	Employees have access to support groups in the workplace. Alternatively, a list of referrals is available on NGO-sponsored support groups and other community-based services

PARTNERSHIPS AND OUTREACH

HIV/AIDS Program – Categories of Interventions	Description of Interventions That Have Taken Place
Internal Community Relations	Coordinator/Focal Point assesses array of community services Company forms partnerships with community players to share knowledge and resources
External Community Relations	Peer educators are active in the community Company assists with community projects

MONITORING AND EVALUATION

HIV/AIDS Program – Categories of Interventions	Description of Interventions That Have Taken Place
Monitoring and Evaluation Tools	Monitoring and evaluation tools are in place to measure HIV/AIDS interventions, e.g., condom distribution, number of education sessions, number of employees formally trained, and Knowledge, Attitude, Practices, and Behavior (KAPB) Studies